



Washington Learning Source Membership Form
 (For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION Seattle Preparatory School	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON Amy Spivey or TOM NAVIEN	CONTACT EMAIL aspivey@seaprep.org or TNAVIE@SEMPREP.ORG
CONTACT PHONE 206-577-2176	CONTACT FAX 206-323-6509
MAILING ADDRESS LINE 1 2400 11th Ave East	CITY STATE ZIP Seattle, WA 98102
LOGIN: (FOR WLS PURPOSES ONLY) SeaPrepTech	PASSWORD (FOR WLS PURPOSES ONLY) Panthers!!

On behalf of the agency specified herein, I, Superintendent and/or Chief Executive Officer of said agency, have reviewed and accepted:

Amy Spivey
 Signature

12/7/11
 Date Signed

Amy Spivey
 Printed Name

Director of IT
 Printed Title

Seattle Preparatory School
 Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
 Anne Allen, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax